

Exhibit 300: Capital Asset Plan and Business Case Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview (All Capital Assets)

1. Date of Submission: 2010-03-19 08:35:43

2. Agency: 029

3. Bureau: 00

4. Name of this Investment: Medical 21st Century HealtheVet Laboratory-2011

5. Unique Project (Investment) Identifier: 029-00-01-11-01-1222-00

6. What kind of investment will this be in FY 2011?: Mixed Life Cycle

- Planning
- Full Acquisition
- Operations and Maintenance
- Mixed Life Cycle
- Multi-Agency Collaboration

7. What was the first budget year this investment was submitted to OMB? *

8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap; this description may include links to relevant information which should include relevant GAO reports, and links to relevant findings of independent audits.

Veterans Health Administration (VHA) Laboratory Services legacy information system, which was created more than 20 years ago, hinders process efficiencies and revenue collections, is not consistent with regulatory requirements, has the potential to jeopardize patient safety, and limits the provision of quality patient care. The purpose of this project is to replace the legacy information system with a Commercial Off-The-Shelf (COTS) Laboratory Information Management System (LIMS). This COTS replacement will allow the VA to meet future requirements of Electronic Medical Record and interoperability between DoD and PHS as per public law 107-287, which would have been extremely difficult and costly with the current legacy architecture. This project is a HealtheVet project and is integral to the VA It medical system and will interface with future HealtheVet systems. The VHA Laboratory Service is a critical part of offering high quality clinical care to veterans. Benefits to the veteran include increased access and exchange of lab data by providing an industry-leading, standardized LIMS that supports improved clinical diagnostic services, faster processing and reporting of lab tests and correction of identified patient safety issues. The Service provides the principal medical diagnostic lab testing and transfusion functions in all VA Medical Centers. Almost 80% of clinical decisions are based on the patient's lab test results which have increased an average of 5% annually. The Service relies heavily on IT to support all phases of lab activities, from specimen collection to dissemination of results. The selected COTS replacement with hundreds of existing implementations, exceeds the functional requirements of the VA Laboratory community, supports the reengineered business processes, requires no software code modifications to the COTS LIMS and will move laboratory information from facility focused (records maintained locally) to patient focused (portability of information to another facility). The project supports the VA strategic goal of providing high-quality, reliable, accessible, timely, and efficient health care that maximizes the health and functional status of enrolled veterans. The FY2011 budget request, which is a directed decrease, puts the national deployment of the LIMS at risk and jeopardizes the execution of the current contract for the LIMS solution.

- a. Provide here the date of any approved rebaselining within the past year, the date for the most recent (or planned) alternatives analysis for this investment, and whether this investment has a risk management plan and risk register.**

9. Did the Agency's Executive/Investment Committee approve this request? *

a. If "yes," what was the date of this approval? *

10. Contact information of Program/Project Manager?

- Name: *
- Phone Number: *
- Email: *

11. What project management qualifications does the Project Manager have? (per FAC-P/PM)? *

- Project manager has been validated according to FAC-PMPM or DAWIA criteria as qualified for this investment.
- Project manager qualifications according to FAC-P/PM or DAWIA criteria is under review for this investment.
- Project manager assigned to investment, but does not meet requirements according to FAC-P/OM or DAWIA criteria.
- Project manager assigned but qualification status review has not yet started.
- No project manager has yet been assigned to this investment.

12. If this investment is a financial management system, then please fill out the following as reported in the most recent financial systems inventory (FMSI):

Financial management system name(s)	System acronym	Unique Project Identifier (UPI) number
*	*	*

a. If this investment is a financial management system AND the investment is part of the core financial system then select the primary FFMIA compliance area that this investment addresses (choose only one): *

- computer system security requirement;
- internal control system requirement;
- core financial system requirement according to FSIO standards;
- Federal accounting standard;
- U.S. Government Standard General Ledger at the Transaction Level;
- this is a core financial system, but does not address a FFMIA compliance area;
- Not a core financial system; does not need to comply with FFMIA

Section B: Summary of Funding (Budget Authority for Capital Assets)

1.

Table 1: SUMMARY OF FUNDING FOR PROJECT PHASES (REPORTED IN MILLIONS) (Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)									
	PY1 and earlier	PY 2009	CY 2010	BY 2011	BY+1 2012	BY+2 2013	BY+3 2014	BY+4 and beyond	Total
Planning:	*	*	*	*	*	*	*	*	*
Acquisition:	*	*	*	*	*	*	*	*	*
Subtotal Planning & Acquisition:	*	*	*	*	*	*	*	*	*
Operations & Maintenance:	*	*	*	*	*	*	*	*	*
Disposition Costs (optional):	*	*	*	*	*	*	*	*	*
SUBTOTAL:	*	*	*	*	*	*	*	*	*
Government FTE Costs should not be included in the amounts provided above.									
Government FTE Costs	*	*	*	*	*	*	*	*	*
Number of FTE represented by Costs:	*	*	*	*	*	*	*	*	*
TOTAL(including FTE costs)	*	*	*	*	*	*	*	*	*

2. If the summary of funding has changed from the FY 2010 President's Budget request, briefly explain those changes:

*

Section C: Acquisition/Contract Strategy (All Capital Assets)

1.

Table 1: Contracts/Task Orders Table

Contract or Task Order Number	Type of Contract/Task Order (In accordance with FAR Part 16)	Has the contract been awarded (Y/N)	If so what is the date of the award? If not, what is the planned award date?	Start date of Contract/Task Order	End date of Contract/Task Order	Total Value of Contract/Task Order (M)	Is this an Interagency Acquisition? (Y/N)	Is it performance based? (Y/N)	Competitively awarded? (Y/N)	What, if any, alternative financing option is being used? (ESPC, UESC, EUL, N/A)	Is EVM in the contract? (Y/N)
GST0307DS3191 CLIN Beta Licenses	Fixed-Price	Y	2009-06-18	2009-07-01	2012-07-01	\$2.4	*	*	*	*	*
GST0307DS3191 CLIN Labor Hours includes option years	Fixed-Price	Y	2009-06-05	2009-06-05	2015-09-30	\$10.0	*	*	*	*	*
116-C93105 VCS EDS Bridge	Fixed-Price	Y	2009-03-01	2009-03-01	2009-09-30	\$0.2	*	*	*	*	*
116-C93113 VCS Merlin Bridge	Fixed-Price	Y	2009-03-01	2009-03-01	2009-09-30	\$0.1	*	*	*	*	*
Interagency Agreement with GSA - for life of contract	Fixed-Price	Y	2009-07-18	2009-07-18	2020-09-30	\$7.3	*	*	*	*	*
GS00F0049M Perot QA/CM/IMP includes option years	Fixed-Price	Y	2009-02-01	2009-02-01	2011-01-30	\$3.9	*	*	*	*	*
GS35F0323J EDS Analysis Design	Fixed-Price	Y	2009-03-01	2009-03-01	2011-03-30	\$2.5	*	*	*	*	*
Sustainment Prototype SE	Fixed-Price	Y	2010-02-05	2010-02-05	2010-06-04	\$0.2	*	*	*	*	*
116-E95100 VCS Perot includes option years	Fixed-Price	Y	2008-10-01	2008-10-01	2011-09-30	\$1.0	*	*	*	*	*
116-E95098 VCS Perot includes options years	Fixed-Price	Y	2008-10-01	2008-10-01	2011-09-30	\$0.5	*	*	*	*	*
116-E95108 VCS Perot includes option years	Fixed-Price	Y	2008-10-01	2008-10-01	2011-09-30	\$0.6	*	*	*	*	*
116-E95122 VCS EDS includes option years	Fixed-Price	Y	2008-10-01	2008-10-01	2011-09-30	\$0.5	*	*	*	*	*
116-E95161 VCS SAIC includes option years	Fixed-Price	Y	2008-10-01	2008-10-01	2011-09-30	\$0.4	*	*	*	*	*
Sustainment sub-license software to support HW	Fixed-Price	Y	2010-02-15	2010-02-15	2013-09-30	\$1.0	*	*	*	*	*
116C93218 Program & Project Support	Time & Materials	Y	2009-05-17	2009-05-18	2010-05-18	\$1.8	*	*	*	*	*

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

*

3. Is there an acquisition plan which reflects the requirements of FAR Subpart 7.1 and has been approved in accordance with agency requirements? *

a.If "yes," what is the date? *

Section D: Performance Information (All Capital Assets)

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2012	Honor & Memorialize	*	*	Auto-verification will reduce the % of corrected reports that are due to calculation errors and/or transcription errors. This will improve patient service accuracy.	It is estimated that 30% of corrected reports are due to calculation errors and/or transcription errors.	One year post deployment at 3 pilot sites, corrected reports due to calculation and/or transcription errors reduced to 20%. This will meet Goal 3 Objective 1 honoring & serving veteran by providing high-quality & efficient health care.	
2012	Honor & Memorialize	*	*	Increase third-party revenue collection through the creation of a standardized test file database containing CPT codes and associated cost. Integrate current manual record keeping of reference procedures.	Using trend information from CBA (May 2006) the baseline average yearly revenue collection attributable to laboratory before process improvement is \$217.2 M.	One year post deployment at 3 pilot sites, improved data capture will increase revenue by 12.8% from remitted billing to 3rd party collections. Meets the Goal 4th Objective by providing capability to correctly bill payer for services rendered.	
2012	Honor & Memorialize	*	*	Allow for interoperability with Internal customers (other VA hospital sites) and External agencies (DoD, Indian Health Service (IHS) and reference laboratories. A standardized test file will facilitate interoperability.	Legacy VA LIMS is unable to share information to internal customers and external facilities and file structure lacks uniformity and standardization.	One year post deployment at 3 pilot sites, those sites will have the ability to share data between each other and DoD, IHS and reference labs. Planned improvements support Enabling Goal Objective 3.	
2012	Honor & Memorialize	*	*	Increase productivity by decreasing the laboratory personnel time spent on validating and verifying test results.	Laboratory personnel currently spend on average 1 hour per day validating and verifying information related to test results.	One year post deployment at 3 pilot sites, the laboratory personnel at those sites will spend 1/2 hour per day validating and verifying	

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
						information related to test results.	
2013	Honor & Memorialize	*	*	Auto-verification will reduce the % of corrected reports that are due to calculation errors and/or transcription errors. This will improve patient service accuracy.	It is estimated that 30% of corrected reports are due to calculation errors and/or transcription errors.	One year post national deployment at 20% of sites, corrected reports due to calculation and/or transcription errors reduced to 20%. This will meet Goal 3 Objective 1 honoring & serving veteran by providing high-quality & efficient health care.	
2013	Honor & Memorialize	*	*	Increase third-party revenue collection through the creation of a standardized test file database containing CPT codes and associated cost. Integrate current manual record keeping of reference procedures.	Using trend information from CBA (May 2006) the baseline average yearly revenue collection attributable to laboratory before process improvement is \$239.7 M.	One year post national deployment at 20% of sites, improved data capture will increase revenue by 12.8% from remitted billing to 3rd party collections. Meets Goal 4 Objective by providing capability to correctly bill payer for services rendered.	
2013	Honor & Memorialize	*	*	Allow for interoperability with Internal customers (other VA hospital sites) and External agencies (DoD, Indian Health Service (IHS) and reference laboratories. A standardized test file will facilitate interoperability.	Legacy VA LIMS is unable to share information to internal customers and external facilities and file structure lacks uniformity and standardization.	One year post national deployment at 20% of sites, those sites will have the ability to share data between each other and DoD, IHS and reference labs. Planned improvements support Enabling Goal Objective 3.	
2013	Honor & Memorialize	*	*	Increase productivity by decreasing the laboratory personnel time spent on validating and verifying test	Laboratory personnel currently spend on average 1 hour per day validating and verifying information	One year post national deployment at 20% of sites, the laboratory personnel at those sites will spend 1/2 hour	

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
				results.	related to test results.	per day validating and verifying information related to test results.	
2014	Honor & Memorialize	*	*	Auto-verification will reduce the % of corrected reports that are due to calculation errors and/or transcription errors. This will improve patient service accuracy.	It is estimated that 30% of corrected reports are due to calculation errors and/or transcription errors.	One year post national deployment at 40% of sites, corrected reports due to calculation and/or transcription errors reduced to 20%. This will meet Goal 3 Objective 1 honoring & serving veteran by providing high-quality & efficient health care.	
2014	Honor & Memorialize	*	*	Increase third-party revenue collection through the creation of a standardized test file database containing CPT codes and associated cost. Integrate current manual record keeping of reference procedures.	Using trend information from CBA (May 2006) the baseline average yearly revenue collection attributable to laboratory before process improvement is \$261.8 M.	One year post national deployment at 40% of sites, improved data capture will increase revenue by 12.8% from remitted billing to 3rd party collections. Meets Goal 4 Objective by providing capability to correctly bill payer for services rendered.	
2014	Honor & Memorialize	*	*	Allow for interoperability with Internal customers (other VA hospital sites) and External agencies (DoD, Indian Health Service (IHS) and reference laboratories. A standardized test file will facilitate interoperability.	Legacy VA LIMS is unable to share information to internal customers and external facilities and file structure lacks uniformity and standardization.	One year post national deployment at 40% of sites, those sites will have the ability to share data between each other and DoD, IHS and reference labs. Planned improvements support Enabling Goal Objective 3.	
2014	Honor & Memorialize	*	*	Increase productivity by decreasing the laboratory personnel time	Laboratory personnel currently spend on average 1 hour per day	One year post national deployment at 40% of sites, the laboratory	

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
				spent on validating and verifying test results.	validating and verifying information related to test results.	personnel at those sites will spend 1/2 hour per day validating and verifying information related to test results.	
2015	Honor & Memorialize	*	*	Auto-verification will reduce the % of corrected reports that are due to calculation errors and/or transcription errors. This will improve patient service accuracy.	It is estimated that 30% of corrected reports are due to calculation errors and/or transcription errors.	One year post national deployment at 60% of sites, corrected reports due to calculation and/or transcription errors reduced to 20%. This will meet Goal 3 Objective 1 honoring & serving veteran by providing high-quality & efficient health care.	
2015	Honor & Memorialize	*	*	Increase third-party revenue collection through the creation of a standardized test file database containing CPT codes and associated cost. Integrate current manual record keeping of reference procedures.	Using trend information from CBA (May 2006) the baseline average yearly revenue collection attributable to laboratory before process improvement is \$285.7 M.	One year post national deployment at 60% of sites, improved data capture will increase revenue by 12.8% from remitted billing to 3rd party collections. Meets Goal 4 Objective by providing capability to correctly bill payer for services rendered.	
2015	Honor & Memorialize	*	*	Allow for interoperability with Internal customers (other VA hospital sites) and External agencies (DoD, Indian Health Service (IHS) and reference laboratories. A standardized test file will facilitate interoperability.	Legacy VA LIMS is unable to share information to internal customers and external facilities and file structure lacks uniformity and standardization.	One year post national deployment at 60% of sites, those sites will have the ability to share data between each other and DoD, IHS and reference labs. Planned improvements support Enabling Goal Objective 3.	
2015	Honor & Memorialize	*	*	Increase productivity by	Laboratory personnel	One year post national	

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
				decreasing the laboratory personnel time spent on validating and verifying test results.	currently spend on average 1 hour per day validating and verifying information related to test results.	deployment at 60% of sites, the laboratory personnel at those sites will spend 1/2 hour per day validating and verifying information related to test results.	
2016	Honor & Memorialize	*	*	Auto-verification will reduce the % of corrected reports that are due to calculation errors and/or transcription errors. This will improve patient service accuracy.	It is estimated that 30% of corrected reports are due to calculation errors and/or transcription errors.	One year post national deployment at 80% of sites, corrected reports due to calculation and/or transcription errors reduced to 20%. This will meet Goal 3 Objective 1 honoring & serving veteran by providing high-quality & efficient health care.	
2016	Honor & Memorialize	*	*	Increase third-party revenue collection through the creation of a standardized test file database containing CPT codes and associated cost. Integrate current manual record keeping of reference procedures.	Using trend information from CBA (May 2006) the baseline average yearly revenue collection attributable to laboratory before process improvement is \$311.5M.	One year post national deployment at 80% of sites, improved data capture will increase revenue by 12.8% from remitted billing to 3rd party collections. Meets Goal 4 Objective by providing capability to correctly bill payer for services rendered.	
2016	Honor & Memorialize	*	*	Allow for interoperability with Internal customers (other VA hospital sites) and External agencies (DoD, Indian Health Service (IHS) and reference laboratories. A standardized test file will facilitate interoperability.	Legacy VA LIMS is unable to share information to internal customers and external facilities and file structure lacks uniformity and standardization.	One year post national deployment at 80% sites, those sites will have the ability to share data between each other and DoD, IHS and reference labs. Planned improvements support Enabling Goal Objective 3.	

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2016	Honor & Memorialize	*	*	Increase productivity by decreasing the laboratory personnel time spent on validating and verifying test results.	Laboratory personnel currently spend on average 1 hour per day validating and verifying information related to test results.	One year post national deployment at 80% of sites, the laboratory personnel at those sites will spend 1/2 hour per day validating and verifying information related to test results.	

Part II: Planning, Acquisition And Performance Information

Section A: Cost and Schedule Performance (All Capital Assets)

1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline								
Description of Milestones	Planned Cost (\$M)	Actual Cost (\$M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
Development, Testing & Implementation Planning	\$10.1	\$9.7	2008-10-01	2008-10-01	2009-09-30	2009-09-30	100.00%	100.00%
Implementation Planning & Field Testing	\$11.1	\$6.3	2009-10-01	2009-10-01	2010-09-30		5.89%	5.53%
National Deployment Phase 1	*	*	2010-10-01		2011-09-30		0.00%	0.00%
National Deployment Phase 2	*	*	2011-10-01		2012-09-30		0.00%	0.00%
National Deployment Phase 3	*	*	2012-10-01		2013-09-30		0.00%	0.00%
National Deployment Phase 4	*	*	2013-10-01		2014-09-30		0.00%	0.00%
National Deployment Phase 5	*	*	2014-10-01		2015-09-30		0.00%	0.00%
O&M Support	*	*	2011-10-01		2020-09-30		0.00%	0.00%
Environment Infrastructure	*	*	2008-10-01		2015-09-30		0.00%	0.00%
Enterprise Development	*	*	2008-10-01		2009-09-30		0.00%	0.00%

* - Indicates data is redacted.